



2021 AMERICAN LEGION AUXILIARY CORNHUSKER GIRLS STATE
DELEGATE/ALTERNATE APPLICATION FORM – Deadline March 1, 2021

DELEGATE _____ ALTERNATE _____

SECTION 1: APPLICANT INFORMATION
(To be completed by Applicant – PLEASE PRINT LEGIBLY)

Name _____
First Name Middle Name Last Name

Preferred First Name _____ DOB _____ Nebraska Legislative District # _____
Nickname MM/DD/YYYY 49 Districts – District # of Residence

Mailing Address _____
Street, Post Office Box or Rural Route

_____ City State Zip Code

Phone (_____) _____ Parent Phone (_____) _____

Email Address _____
This must be a current/usable address. Much correspondence will happen via email.

Parent/Guardian Name(s) _____
Name of person(s) you reside with

Should I be selected as a citizen of the 2021 Cornhusker Girls State program, I voluntarily sign that I have received, read, and will adhere to the Cornhusker Girls State Pledge (received with this application). I am available for participation in the entire program June 13-19, 2021.

Applicant's Signature _____ Date _____

SECTION 2: SCHOOL CERTIFICATION
(To be completed by School Official prior to submission)

_____ Name of High School Location _____

I certify that the above named student meets the scholarship, citizenship, health and leadership requirements of Cornhusker Girls State.

Signature of Superintendent, Principal, or Guidance Counselor _____ Title _____ Date _____

SECTION 3: PARENTAL WAIVER
(To be completed by Applicant Parent or Guardian)

I do hereby give consent for the above named applicant to participate in any activities which are scheduled parts of the Cornhusker Girls State program to be held June 13-19, 2021. I also release and discharge the American Legion Auxiliary, Department of Nebraska, Inc., its officers, agents, instructors, and employees from any and all claims, demands, damages, suits, actions, or causes of action which we may, can or shall have by any reason of any illness, injury, or accident incurred or suffered by the above named applicant while in attendance at, or during participation in the Cornhusker Girls State program.

Signature of Parent or Guardian

Date

I give permission to the American Legion Auxiliary Department of Nebraska to use the applicant's picture and/or name, individual and/or groups in Cornhusker Girls State media presentations, web site, and press releases should she be selected as a 2021 delegate. Additionally, I give permission for the above named applicant's name to be provided to dignitaries who may want to send a congratulatory letter to attendees.

Signature of Parent or Guardian

Date

If the above named applicant does not attend Girls State or cancels her participation in the 2021 program after May 1, 2021 and an alternate is unable to attend, I agree to reimburse her sponsoring American Legion Auxiliary Unit or contributing organization for the \$400 fee.

Signature of Parent or Guardian

Date

SECTION 4: SPONSORING AMERICAN LEGION AUXILIARY UNIT
(To be completed by Unit following application review, prior to submitting to Girls State)

Unit Number _____ Unit City _____ Unit District _____

Unit Contact Person _____

Mailing address _____ City _____ State _____ Zip _____
() _____ () _____

Cell Phone

Home or Work Phone

Email address – Please list if you have one.

Mail completed application to: **ALA Cornhusker Girls State**
PO Box 5227
Lincoln, NE, 68505-0227

(\$400 application fee)

Checks payable to: **ALA Cornhusker Girls State.....APPLICATION DEADLINE – MARCH 1, 2021**